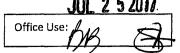
Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

| 1. | Statement Information | | |
|--|--|---|--|
| | Date: July 17, 2017 | | |
| | Type: \square New \blacksquare Amended (if amending, enter MEC ID \bigcirc C0 | 00824 & section (| changed 2-3 |
| 2. | Statement Information | | |
| | Civic Progress Action Committee | | |
| | lame of Committee | | |
| | 211 North Broadway, Suite 3600, St. Louis, M | 10 63102-2750 | (314) 259-2475 |
| | Committee Mailing Address, City, State, & Zip | St. Louis City Board | of Election Commissioners |
| | | County Clerk or Board of Election Commi | |
| | Committee Type: ☐ Campaign ☐ Candidate ■ Continuing | · | |
| Treasurer/Deputy Treasurer Information | | | |
| ο, | Walter Metcalfe | | , |
| | Treasurer's Name (First & Last) | | |
| | 211 North Broadway, Suite 3600, St. Louis, MO 63102-2750 | 1 | , 314 , 259-2475 |
| | Treasurer's Mailing Address, City, State, & Zip | Treasurer's Home Telephone Number | Treasurer's Work Telephone Number |
| | | | |
| | Deputy Treasurer's Name (If one appointed) | Deputy Treasurer's Email Address (option | al) |
| | Deputy Treasurer's Mailing Address, City, State, & Zip | () Dep. Treasurer's Home Telephone Number | Pr Dep. Treasurer's Work Telephone Number |
| | | | |
| ١, | Additional Committee Information | | |
| | | | |
| | Additional Committee Officer's Name & Title (If any) | Additional Committee Officer's Mailing Ad | daress, City, State, & Zip |
| | Connected Organia Hoof SName (If In) | Connected Organization's Mailing Address | s, City, State, & Zip |
| | MINITIADINITIA | 5 Fly - / f | |
| | CANDIDATES: Do you have more than one candidate committees Official Bank Account Information (required by all committees | | n back) UNO |
| • | ornous but recount information (required by direction interest | | |
| | Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number |
| | | | Account Humber |
| • | Candidate Supported or Opposed (candidate committees must | include self, if candidate) | ्राम् । त्यां क्षेत्रकार क्षेत्रकार के विकास के किया है । त्यां का किया किया किया किया किया के किया के किया कि विकास के किया किया किया किया किया किया किया किया |
| | Name & Mailing Address, City, State & Zip of Candidate | () Telephone Number (Candidate Committee | S Only) |
| | | , , , , , , , , , , , , , , , , , , , | ·· <i>II</i> |
| | Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose |
| | Ballot Measure Supported or Opposed (campaign committees i | must complete this section) | |
| | | | |
| į | Name of Ballot Measure | Election Date & Political Subdivision | Support or Oppose |
| Signature(s) Check certification(s) & sign (required by all committees) I affirm and attest under penalty of perjury that Information and facts in this report are complete, true, and accura | | | |
| | | | blete true and accurate. |
| | further acknowledge that I am awaye that any false statement or | • | |
| | / / / | · | |
| 7 | committee Treasures | Candidate (Candidate Committees Only) | |
| . . | Form must be completed in full & contain or | sinal signaturals) fay filings a | no met acconted D . 4 to |

Packet (Rev. 12/2016)